



Committee Name <b>FRIENDS OF ZACK REED</b>		Office Sought <b>CLEVELAND COUNCIL</b>		District <b>2</b>
Street Address <b>3734 149TH ST</b>		City <b>CLEVELAND</b>	State <b>OH</b>	Zip <b>44120</b>
Candidate Name OR PAC Registration Number <b>ZACK REED</b>		Treasurer Name <b>ZACK REED</b>	Election Date (MM/DD/YYYY)	
<b>Type of Report (choose one):</b>				
<input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input type="checkbox"/> Post-General				
Statewide Candidates Only:				
<input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				
<b>Amended Report</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		<b>Termination</b> <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		<b>Short Form Report (R.C. 3517.10(H))</b> <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

<b>1. Amount brought forward from last report</b>	24814.86
<b>2. Total monetary contributions (From Forms 31-A and 31-E)</b>	31687.55
<b>3. Total other income (From Form 31-A-2)</b>	1300.92
<b>4. Total funds available (sum of lines 1, 2, 3)</b>	57803.33
<b>5. Total monetary expenditures (From Forms 31-B and 31-F)</b>	14263.31
<b>6. Balance on hand (line 4 minus line 5)</b>	43540.02
<b>7. Value of in-kind contributions received (From Form 31-J-1)</b>	
<b>8. Value of in-kind contributions made (From Form 31-J-2)</b>	
<b>9. Outstanding loans owed by committee (From Form 31-C)</b>	
<b>10. Outstanding debts owed by committee (From Form 31-N)</b>	142.00
<b>11. Outstanding loans owed to committee (From Form 31-K)</b>	
<b>12. Value of independent expenditures made (From Form 31-U)</b>	

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.  
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Signature of Treasurer or Deputy Treasurer

Date (MM/DD/YYYY)

Contribution Pages

Expenditure Pages

Other Pages

Total Pages

## Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENTS OF ZACK REED</b>						
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	
			0 4	2 8	1 6	Amount 8,750.00
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	
			1 0	2 0	1 6	Amount 19,300.00
Full Name of Contributor <b>ANTHONY ASHER</b>			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
7007 BROADWAY AVE				PAYPAL		
City	State	Zip Code	M	D	Y	
CLEVELAND	O   H	44105	1 0	1 7	1 6	Amount 1,000.00
Full Name of Contributor <b>JILLIAN M. WOLSTEIN</b>			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
32200 CHESTNUT LN				PAYPAL		
City	State	Zip Code	M	D	Y	
CLEVELAND	O   H	44124	1 2	3 0	1 6	Amount 1,500.00
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	
						Amount
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	
						Amount
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	
						Amount
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	
						Amount

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF ZACK REED</b>						
Full Name of Contributor <b>CAHERINE NEMEH</b>		Registration Number, if PAC				
Street Address <b>2511 INTERLACHEN LN</b>	Employer/Occupation/Labor Organization*		M <b>0 5</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>100.00</b>
City <b>WESTLAKE</b>	State <b>O H</b>	Zip Code <b>44145</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>THOMAS GEORGE</b>		Registration Number, if PAC				
Street Address <b>24462 CORNERSTONE</b>	Employer/Occupation/Labor Organization*		M <b>0 5</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>1,000.00</b>
City <b>WESTLAKE</b>	State <b>O H</b>	Zip Code <b>44145</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>OMAR ZREIKA</b>		Registration Number, if PAC				
Street Address <b>27500 BISHOP PARK DR</b>	Employer/Occupation/Labor Organization*		M <b>0 5</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>500.00</b>
City <b>WILLOUGHBY HILLS</b>	State <b>O H</b>	Zip Code <b>44092</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>LIDIA S. RICHANI</b>		Registration Number, if PAC				
Street Address <b>779 GREENWOOD PKWY</b>	Employer/Occupation/Labor Organization*		M <b>0 5</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>150.00</b>
City <b>SAGAMORE HILLS</b>	State <b>O H</b>	Zip Code <b>44067</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>FADY CHAMOUN</b>		Registration Number, if PAC				
Street Address <b>4149 W VALLEY RD</b>	Employer/Occupation/Labor Organization*		M <b>0 5</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>1,000.00</b>
City <b>FAIRVIEW PARK</b>	State <b>O H</b>	Zip Code <b>44126</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>SAMER ALAYESH</b>		Registration Number, if PAC				
Street Address <b>1400 W. 6TH STREET</b>	Employer/Occupation/Labor Organization*		M <b>0 5</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>100.00</b>
City <b>CLEVELAND</b>	State <b>O H</b>	Zip Code <b>44113</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>PAUL CHAMOUN</b>		Registration Number, if PAC				
Street Address <b>234 BEACHWOOD AVE.</b>	Employer/Occupation/Labor Organization*		M <b>0 5</b>	D <b>1 2</b>	Y <b>1 6</b>	Amount <b>100.00</b>
City <b>AVON LAKE</b>	State <b>O H</b>	Zip Code <b>44012</b>	Form(Cash,Check,etc) <b>CHECK</b>			

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

**8,750.00**

Total expenditures this event

**Page Total \$ 2,950.00**

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/03

Name of Committee in Full <b>FRIENDS OF ZACK REED</b>					
Full Name of Contributor <b>PIERROT E. BEJJANI</b>		Registration Number, if PAC			
Street Address <b>7620 SPARROW FLIGHT DR</b>	Employer/Occupation/Labor Organization*		<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> Y
City <b>SEVEN HILLS</b>	State <b>O</b>	Zip Code <b>44131</b>	<b>0 5 1 2 1 6</b> Amount <b>100.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>		Registration Number, if PAC			
Full Name of Contributor <b>ZIAD RAMEZ ELHAYEK</b>					
Street Address <b>31596 DETROIT ROAD</b>	Employer/Occupation/Labor Organization*		<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> Y
City <b>WESTLAKE</b>	State <b>O</b>	Zip Code <b>44145</b>	<b>0 5 1 2 1 6</b> Amount <b>200.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>		Registration Number, if PAC			
Full Name of Contributor <b>LOUIS ACHKAR</b>					
Street Address <b>19206 LAUREL DR</b>	Employer/Occupation/Labor Organization*		<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> Y
City <b>WALTON HILLS</b>	State <b>O</b>	Zip Code <b>44146</b>	<b>0 5 1 2 1 6</b> Amount <b>200.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>		Registration Number, if PAC			
Full Name of Contributor <b>RAMZI K HALASAH</b>					
Street Address <b>3578 BAINBRIDGE RD</b>	Employer/Occupation/Labor Organization*		<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> Y
City <b>CLEVELAND</b>	State <b>O</b>	Zip Code <b>44118</b>	<b>0 5 1 2 1 6</b> Amount <b>200.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>		Registration Number, if PAC			
Full Name of Contributor <b>DANNY CHEDID</b>					
Street Address <b>16208 ST. CLAIR</b>	Employer/Occupation/Labor Organization*		<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> Y
City <b>CLEVELAND</b>	State <b>O</b>	Zip Code <b>44110</b>	<b>0 5 1 2 1 6</b> Amount <b>500.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>		Registration Number, if PAC			
Full Name of Contributor <b>MIKE VADER</b>					
Street Address <b>9900 BOSTON RD</b>	Employer/Occupation/Labor Organization*		<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> Y
City <b>NORTH ROYALTON</b>	State <b>O</b>	Zip Code <b>44133</b>	<b>0 5 1 2 1 6</b> Amount <b>500.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>		Registration Number, if PAC			
Full Name of Contributor <b>DHRUUESH PATEL</b>					
Street Address <b>15637 ST. CLAIR</b>	Employer/Occupation/Labor Organization*		<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> Y
City <b>CLEVELAND</b>	State <b>O</b>	Zip Code <b>44110</b>	<b>0 5 1 2 1 6</b> Amount <b>250.00</b>		
Form(Cash, Check, etc) <b>CHECK</b>		Registration Number, if PAC			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **1,950.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
<b>FRIENDS OF ZACK REED</b>					
Full Name of Contributor		Registration Number, if PAC			
<b>RISHI GODBOLF</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
16208 ST. CLAIR			0	5	1 2 1 6
City	State	Zip Code	Amount		
CLEVELAND	O   H	44110	250.00		
Form(Cash,Check,etc)					
<b>CHECK</b>					
Full Name of Contributor		Registration Number, if PAC			
<b>KHALEED ZAYED</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3384 CONCORD CIR			0	5	1 2 1 6
City	State	Zip Code	Amount		
AVON	O   H	44011	200.00		
Form(Cash,Check,etc)					
<b>CHECK</b>					
Full Name of Contributor		Registration Number, if PAC			
<b>STEVE AJALTOUNI</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
23252 BRIDGEPORT DR			0	5	1 2 1 6
City	State	Zip Code	Amount		
NORTH OLMSTED	O   H	44070	200.00		
Form(Cash,Check,etc)					
<b>CHECK</b>					
Full Name of Contributor		Registration Number, if PAC			
<b>GEORGE Y CHAMOUN</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
831 HARDWOOD CT			0	5	1 2 1 6
City	State	Zip Code	Amount		
GATES MILLS	O   H	44040	1,000.00		
Form(Cash,Check,etc)					
<b>CHECK</b>					
Full Name of Contributor		Registration Number, if PAC			
<b>BASSAM B KHAWAM</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1529 BARCLAY BLVD			0	5	1 2 1 6
City	State	Zip Code	Amount		
WESTLAKE	O   H	44145	200.00		
Form(Cash,Check,etc)					
<b>CHECK</b>					
Full Name of Contributor		Registration Number, if PAC			
<b>JAMES KASSOUF</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
19875 CENTER RIDGE RD #272			0	5	1 2 1 6
City	State	Zip Code	Amount		
ROCKY RIVER	O   H	44116	500.00		
Form(Cash,Check,etc)					
<b>CHECK</b>					
Full Name of Contributor		Registration Number, if PAC			
<b>CHARBEL HARB</b>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3400 ALTOONA RD			0	5	1 2 1 6
City	State	Zip Code	Amount		
CLEVELAND	O   H	44109	200.00		
Form(Cash,Check,etc)					
<b>CHECK</b>					

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Total contributions this event

Total expenditures this event

Page Total \$ 2,550.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF ZACK REED</b>						
Full Name of Contributor <b>NAJIB RACHID</b>		Registration Number, if PAC				
Street Address <b>1683 STATE RD</b>	Employer/Occupation/Labor Organization* <b>ROLANANO LTD</b>		M <b>0</b>	D <b>5</b>	Y <b>1</b>	Amount <b>250.00</b>
City <b>CUYAHOGA FALLS</b>	State <b>O   H</b>	Zip Code <b>44223</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>PIERRE CHELALA</b>		Registration Number, if PAC				
Street Address <b>6756 MALLARD DR</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>0</b>	D <b>5</b>	Y <b>1</b>	Amount <b>200.00</b>
City <b>BRECKSVILLE</b>	State <b>O   H</b>	Zip Code <b>44141</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>CHARBEL G BIRI</b>		Registration Number, if PAC				
Street Address <b>12700 LAKE AVE APT 2610</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>0</b>	D <b>5</b>	Y <b>1</b>	Amount <b>100.00</b>
City <b>LAKewood</b>	State <b>O   H</b>	Zip Code <b>44107</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>DAVID S MARZICH</b>		Registration Number, if PAC				
Street Address <b>1515 STILLWATER CT</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>0</b>	D <b>5</b>	Y <b>3</b>	Amount <b>500.00</b>
City <b>BROADVIEW HEIGHTS</b>	State <b>O   H</b>	Zip Code <b>44147</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>FARES N CHAMOUN</b>		Registration Number, if PAC				
Street Address <b>1544 CEDARWOOD DR. APT 256</b>	Employer/Occupation/Labor Organization* <b></b>		M <b>0</b>	D <b>5</b>	Y <b>1</b>	Amount <b>250.00</b>
City <b>WESTLAKE</b>	State <b>O   H</b>	Zip Code <b>44145</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization* <b></b>		M <b> </b>	D <b> </b>	Y <b> </b>	Amount <b></b>
City	State <b> </b>	Zip Code <b> </b>	Form(Cash,Check,etc) <b></b>			
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization* <b></b>		M <b> </b>	D <b> </b>	Y <b> </b>	Amount <b></b>
City	State <b> </b>	Zip Code <b> </b>	Form(Cash,Check,etc) <b></b>			

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Total contributions this event

Total expenditures this event

Page Total \$ **1,300.00**

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
<b>FRIENDS OF ZACK REED</b>							
Full Name of Contributor <b>MARK BARSOUM</b>				Registration Number, if PAC			
Street Address <b>5980 MACKENZIE DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	<b>50.00</b>
City <b>INDEPENDENCE</b>		State <b>O</b>	Zip Code <b>44131</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>FRANK MAHNIC, JR.</b>				Registration Number, if PAC			
Street Address <b>12795 BROCKWAY DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	<b>300.00</b>
City <b>VALLEY VIEW</b>		State <b>O</b>	Zip Code <b>44125</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>DOUGAL O. MAYS</b>				Registration Number, if PAC			
Street Address <b>3775 E. 149TH STREET</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	<b>100.00</b>
City <b>CLEVELAND</b>		State <b>O</b>	Zip Code <b>44128</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ORAKWUE JOHN ANOLIEFO</b>				Registration Number, if PAC			
Street Address <b>1148 E. 98TH STREET</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	<b>50.00</b>
City <b>CLEVELAND</b>		State <b>O</b>	Zip Code <b>44108</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ROBERT P. MADISON</b>				Registration Number, if PAC			
Street Address <b>18975 VAN AKEN BLVD. #410</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	<b>100.00</b>
City <b>SHAKER HEIGHTS</b>		State <b>O</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>ALI FARAJ</b>				Registration Number, if PAC			
Street Address <b>2410 GLEN VALLEY DRIVE</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>SEAWAY IN &amp; OUT</b>		1	1	0	<b>500.00</b>
City <b>CLEVELAND</b>		State <b>O</b>	Zip Code <b>44115</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>LABORERS INTERNATIONAL UNION OF N. AMERICA</b>				Registration Number, if PAC			
Street Address <b>3334 PROSPECT AVE.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		<b>L.P.A. FUND LOCAL 860</b>		1	1	0	<b>750.00</b>
City <b>CLEVELAND</b>		State <b>O</b>	Zip Code <b>44115</b>	Form(Cash,Check,etc) <b>CHECK</b>			

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Fill in the boxes below only on the last page for this event.

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Total contributions this event

Total expenditures this event

Page Total \$ **1,850.00**

**25,550.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/03

Name of Committee in Full <b> FRIENDS OF ZACK REED</b>			
Full Name of Contributor <b>DANNY CHEDID</b>		Registration Number, if PAC	
Street Address <b>16208 ST. CLAIR</b>	Employer/Occupation/Labor Organization* <b>KINSMAN EXPRESS BEV.</b>		M    D    Y    Amount <b>1   1   0   3   1   6   500.00</b>
City <b>CLEVELAND</b>	State <b>O   H</b>	Zip Code <b>44110</b>	Form(Cash,Check,etc) <b>MONEY ORD.</b>
Full Name of Contributor <b>OMAR ZREIKA</b>			
Street Address <b>27500 BISHOP PARK DR.</b>		Employer/Occupation/Labor Organization* <b>KINSMAN EXPRESS BEV.</b>	
City <b>WILLOUGHBY HILLS</b>	State <b>O   H</b>	Zip Code <b>44092</b>	M    D    Y    Amount <b>1   1   0   3   1   6   1,000.00</b>
Full Name of Contributor <b>GOPAL P. PATEL</b>			
Street Address <b>2329 N. RIDGE E</b>	Employer/Occupation/Labor Organization* <b>KINSMAN EXPRESS BEV.</b>		M    D    Y    Amount <b>1   1   0   3   1   6   200.00</b>
City <b>ASHTABULA</b>	State <b>O   H</b>	Zip Code <b>44004</b>	Form(Cash,Check,etc) <b>CHECK</b>
Full Name of Contributor <b>STEVE AJALTOUNI</b>			
Street Address <b>23252 BRIDGEPORT DR.</b>	Employer/Occupation/Labor Organization* <b>KINSMAN EXPRESS BEV.</b>		M    D    Y    Amount <b>1   1   0   3   1   6   200.00</b>
City <b>NORTH OLMSTED</b>	State <b>O   H</b>	Zip Code <b>44070</b>	Form(Cash,Check,etc) <b>CHECK</b>
Full Name of Contributor <b>TAREK CHEDID</b>			
Street Address <b>16208 ST. CLAIR</b>	Employer/Occupation/Labor Organization* <b>KINSMAN EXPRESS BEV.</b>		M    D    Y    Amount <b>1   1   0   3   1   6   200.00</b>
City <b>CLEVELAND</b>	State <b>O   H</b>	Zip Code <b>44110</b>	Form(Cash,Check,etc) <b>MONEY ORD.</b>
Full Name of Contributor <b>VIMEET GODDOLE</b>			
Street Address <b>34470 SCOTCH LANE #5</b>	Employer/Occupation/Labor Organization* <b>KINSMAN EXPRESS BEV.</b>		M    D    Y    Amount <b>1   1   0   3   1   6   250.00</b>
City <b>WILLOUGHBY HILLS</b>	State <b>O   H</b>	Zip Code <b>44094</b>	Form(Cash,Check,etc) <b>MONEY ORD.</b>
Full Name of Contributor <b>BASSAM B. KHAWAM</b>			
Street Address <b>1529 BARCLAY BLVD.</b>	Employer/Occupation/Labor Organization* <b>KINSMAN EXPRESS BEV.</b>		M    D    Y    Amount <b>1   1   0   3   1   6   150.00</b>
City <b>WESTLAKE</b>	State <b>O   H</b>	Zip Code <b>44145</b>	Form(Cash,Check,etc) <b>CHECK</b>

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **2,500.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
<b>FRIENDS OF ZACK REED</b>							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
<b>RAMZI K. HALASAH</b>				1	1	0	3 1 6 100.00
Street Address	Form(Cash, Check, etc)						
<b>3578 BAINBRIDGE RD.</b>							
City	State	Zip Code					
<b>CLEVELAND</b>	O   H	<b>44118</b>					
Registration Number, if PAC							
<b>DHRUVESH M. PATEL</b>							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>7626 BROOKGATE WAY</b>	<b>MR. HEROES</b>			1	1	0	3 1 6 750.00
City	State	Zip Code					
<b>NORTHFIELD</b>	O   H	<b>44067</b>					
Registration Number, if PAC							
<b>KRISTINE GEORGE</b>							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>18605 DETROIT AVE.</b>				1	1	0	3 1 6 1,500.00
City	State	Zip Code					
<b>LAKewood</b>	O   H	<b>44107</b>					
Registration Number, if PAC							
<b>JOSEPH T. GEORGE</b>							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>18605 DETROIT AVE.</b>				1	1	0	3 1 6 1,000.00
City	State	Zip Code					
<b>LAKewood</b>	O   H	<b>44107</b>					
Registration Number, if PAC							
<b>LEWIS W. ADKINS, JR., SHAREHOLDER</b>							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>1375 EAST NINTH ST. 10TH FLOOR</b>	<b>ROETZEL &amp; ANDRESS,</b>			1	1	0	3 1 6 50.00
City	State	Zip Code					
<b>CLEVELAND</b>	O   H	<b>44114</b>					
Registration Number, if PAC							
<b>MARK DAZA</b>							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>12502 KINSMAN</b>	<b>MARATHON</b>			1	1	0	3 1 6 500.00
City	State	Zip Code					
<b>CLEVELAND</b>	O   H	<b>44120</b>					
Registration Number, if PAC							
<b>JANET P. LOCKHART</b>							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
<b>4386 SEXTON RD.</b>				1	1	0	3 1 6 50.00
City	State	Zip Code					
<b>CLEVELAND</b>	O   H	<b>44105</b>					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 3,950.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENTS OF ZACK REED</b>			
Full Name of Contributor <b>JAMES F. SIEVERS, JR.</b>		Registration Number, if PAC	
Street Address <b>7191 SOWFUL DRIVE</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   50.00</b>
City <b>CONCORD</b>	State <b>O   H</b>	Zip Code <b>444077</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>ALAN D. ROSSKAMM</b>			
Street Address <b>7185 SETTLERS RIDGE RD.</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   50.00</b>
City <b>GATES MILLS</b>	State <b>O   H</b>	Zip Code <b>44040</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>ENVIRONMENTAL DESIGN GROUP</b>			
Street Address <b>450 GRANT ST.</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   100.00</b>
City <b>AKRON</b>	State <b>O   H</b>	Zip Code <b>44311</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>ROSHAWN K. SAMPLE</b>			
Street Address <b>4112 E. 148TH STREET</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   100.00</b>
City <b>CLEVELAND</b>	State <b>O   H</b>	Zip Code <b>44128</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>EAD ZAYED</b>			
Street Address <b>3384 CONCORD CIRCLE</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   250.00</b>
City <b>AVON</b>	State <b>O   H</b>	Zip Code <b>44011</b>	Form(Cash,Check,etc) <b>MONEY ORD.</b>
Registration Number, if PAC			
Full Name of Contributor <b>ROBERT S. DESKINS</b>			
Street Address <b>3300 E. 87TH STREET</b>	Employer/Occupation/Labor Organization* <b>LIGHTING DEMOLISHIN</b>		M    D    Y    Amount <b>1   1   0   3   1   6   500.00</b>
City <b>CLEVELAND</b>	State <b>O   H</b>	Zip Code <b>44127</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>JOEL COLE</b>			
Street Address <b>10844 BARON DR.</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   250.00</b>
City <b>PARMA</b>	State <b>O   H</b>	Zip Code <b>44130</b>	Form(Cash,Check,etc) <b>CHECK</b>

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **1,300.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
<b>FRIENDS OF ZACK REED</b>							
Full Name of Contributor <b>KENNETH HARDY</b>				M	D	Y	Amount
Street Address <b>10821 WADE PARK</b>		Employer/Occupation/Labor Organization* <b>BONNIE SPEED</b>		1	1	0	3 1 6      1,000.00
City <b>CLEVELAND</b>		State <b>O H</b>	Zip Code <b>44106</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>FAHED F. MOHAMMAD</b>				Registration Number, if PAC			
Street Address <b>19106 WESTFIELD LN</b>		Employer/Occupation/Labor Organization* <b>FRANK'S EXPRESS STOP</b>		M	D	Y	Amount
City <b>STRONGSVILLE</b>		State <b>O H</b>	Zip Code <b>44136</b>	1	1	0	3 1 6      750.00
Full Name of Contributor <b>THOMAS K. STONE</b>				Registration Number, if PAC			
Street Address <b>3447 BERKELEY RD.</b>		Employer/Occupation/Labor Organization* <b>THIRD FEDERAL SAV.</b>		M	D	Y	Amount
City <b>CLEVELAND</b>		State <b>O H</b>	Zip Code <b>44118</b>	1	1	0	3 1 6      75.00
Full Name of Contributor <b>MARC A. STEFANSKI</b>				Registration Number, if PAC			
Street Address <b>35075 SHAKER BOULEVARD</b>		Employer/Occupation/Labor Organization* <b>THIRD FEDERAL SAV.</b>		M	D	Y	Amount
City <b>HUNTING VALLEY</b>		State <b>O H</b>	Zip Code <b>44022</b>	1	1	0	3 1 6      250.00
Full Name of Contributor <b>DAVID TURNER</b>				Registration Number, if PAC			
Street Address <b>3142 HOWELL DR.</b>		Employer/Occupation/Labor Organization* <b>THIRD FEDERAL SAV.</b>		M	D	Y	Amount
City <b>POLAND</b>		State <b>O H</b>	Zip Code <b>44514</b>	1	1	0	3 1 6      50.00
Full Name of Contributor <b>GIHAD ZAYED</b>				Registration Number, if PAC			
Street Address <b>1685 SPERRY FORGE TRAIL</b>		Employer/Occupation/Labor Organization* <b>THIRD FEDERAL SAV.</b>		M	D	Y	Amount
City <b>WESTLAKE</b>		State <b>O H</b>	Zip Code <b>44145</b>	1	1	0	3 1 6      500.00
Full Name of Contributor <b>JOHN D. GADD II</b>				Registration Number, if PAC			
Street Address <b>22 N. MAIN ST. #2</b>		Employer/Occupation/Labor Organization* <b>THIRD FEDERAL SAV.</b>		M	D	Y	Amount
City <b>CHAGRIN FALLS</b>		State <b>O H</b>	Zip Code <b>44022</b>	1	1	0	3 1 6      250.00

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 2,875.00

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF ZACK REED</b>			
Full Name of Contributor <b>ANTHONY CIFANI</b>		Registration Number, if PAC	
Street Address <b>8100 GRAND AVE. STE. 300</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   1,500.00</b>
City <b>CLEVELAND</b>	State <b>O</b>	Zip Code <b>H 44104</b>	Form(Cash, Check, etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>JOHN T. MACDONALD</b>		Registration Number, if PAC	
Street Address <b>15301 ROCKSIDE RD.</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   150.00</b>
City <b>MAPLE HEIGHTS</b>	State <b>O</b>	Zip Code <b>H 44137</b>	Form(Cash, Check, etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>BENJAMIN J. RABABY</b>		Registration Number, if PAC	
Street Address <b>14800 WINDING WAY</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   100.00</b>
City <b>N. ROYALTON</b>	State <b>O</b>	Zip Code <b>H 44133</b>	Form(Cash, Check, etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>CHARBEL HARB</b>		Registration Number, if PAC	
Street Address <b>3400 ALTOONA RD.</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   500.00</b>
City <b>CLEVELAND</b>	State <b>O</b>	Zip Code <b>H 44109</b>	Form(Cash, Check, etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>BRENTON J. LEWANSKI</b>		Registration Number, if PAC	
Street Address <b>30993 BELLERIVE CT.</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   250.00</b>
City <b>WESTLAKE</b>	State <b>O</b>	Zip Code <b>H 44145</b>	Form(Cash, Check, etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>MARK PERKINS</b>		Registration Number, if PAC	
Street Address <b>7220 ROLLINGBROOK TRL</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   250.00</b>
City <b>SOLON</b>	State <b>O</b>	Zip Code <b>H 44139</b>	Form(Cash, Check, etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>LEE A. TROTTER</b>		Registration Number, if PAC	
Street Address <b>18950 SHAKER BLVD.</b>	Employer/Occupation/Labor Organization* <b></b>		M    D    Y    Amount <b>1   1   0   3   1   6   50.00</b>
City <b>SHAKER HEIGHTS</b>	State <b>O</b>	Zip Code <b>H 44122</b>	Form(Cash, Check, etc) <b>CHECK</b>

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **2,800.00**

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF ZACK REED</b>			
Full Name of Contributor <b>BRIAN K. SMITH, SR.</b>			
Street Address <b>35650 BRAINBRIDGE RD.</b>	Employer/Occupation/Labor Organization* <b></b>		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Amount <b>1 1 0 3 1 6 100.00</b>
City <b>SOLON</b>	State <b>O</b>	Zip Code <b>44139</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>ELOISE HENRY</b>			
Street Address <b>698 EDGEWOOD RD.</b>	Employer/Occupation/Labor Organization* <b></b>		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Amount <b>1 1 0 3 1 6 25.00</b>
City <b>RICHMOND HTS.</b>	State <b>O</b>	Zip Code <b>44143</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>DONNA DABBS</b>			
Street Address <b>9613 THORN AVE.</b>	Employer/Occupation/Labor Organization* <b></b>		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Amount <b>1 1 0 3 1 6 100.00</b>
City <b>CLEVELAND</b>	State <b>O</b>	Zip Code <b>44108</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>ALTON TINKER</b>			
Street Address <b>5951 SUNSET DR.</b>	Employer/Occupation/Labor Organization* <b></b>		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Amount <b>1 1 0 3 1 6 100.00</b>
City <b>BEDFORD HTS.</b>	State <b>O</b>	Zip Code <b>44146</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>DAVID ZUPANCIC</b>			
Street Address <b>2400 ORANGE AVE. UNIT 6411</b>	Employer/Occupation/Labor Organization* <b></b>		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Amount <b>1 1 0 3 1 6 300.00</b>
City <b>CLEVELAND</b>	State <b>O</b>	Zip Code <b>1</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>KENT A. WHITLEY</b>			
Street Address <b>15919 CHADBOURNE RD.</b>	Employer/Occupation/Labor Organization* <b></b>		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Amount <b>1 1 0 3 1 6 100.00</b>
City <b>SHAKER HEIGHTS</b>	State <b>O</b>	Zip Code <b>44120</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC			
Full Name of Contributor <b>GEORGE T. SIMON</b>			
Street Address <b>6200 ROCKSIDE WOODS #105</b>	Employer/Occupation/Labor Organization* <b></b>		M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Amount <b>1 1 0 3 1 6 500.00</b>
City <b>INDEPENDENCE</b>	State <b>O</b>	Zip Code <b>44131</b>	Form(Cash,Check,etc) <b>CHECK</b>

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,225.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENDS OF ZACK REED</b>			
Full Name of Contributor <b>THE PROJECT GROUP, LLC</b>		Registration Number, if PAC <b>PAC</b>	
Street Address <b>1900 GROVE COURT</b>	Employer/Occupation/Labor Organization* <b></b>		M D Y Amount <b>1 1 0 3 1 6 250.00</b>
City <b>CLEVELAND</b>	State <b>O H</b>	Zip Code <b>44113</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC <b></b>			
Full Name of Contributor <b>JOE KASSOUTH</b>			
Street Address <b>1370 WEST 6TH ST, #206</b>	Employer/Occupation/Labor Organization* <b></b>		M D Y Amount <b>1 1 0 3 1 6 300.00</b>
City <b>CLEVELAND</b>	State <b>O H</b>	Zip Code <b>44113</b>	Form(Cash,Check,etc) <b></b>
Registration Number, if PAC <b></b>			
Full Name of Contributor <b>RONALD SOEDER</b>			
Street Address <b>6114 BROADWAY AVENUE</b>	Employer/Occupation/Labor Organization* <b></b>		M D Y Amount <b>1 1 0 3 1 6 100.00</b>
City <b>CLEVELAND</b>	State <b>O H</b>	Zip Code <b>44127</b>	Form(Cash,Check,etc) <b>MONEY ORD.</b>
Registration Number, if PAC <b></b>			
Full Name of Contributor <b>BENNY BONANNO</b>			
Street Address <b>19646 BATTERSEA BLVD.</b>	Employer/Occupation/Labor Organization* <b></b>		M D Y Amount <b>1 2 1 4 1 6 200.00</b>
City <b>ROCKY RIVER</b>	State <b>O H</b>	Zip Code <b>44116</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC <b></b>			
Full Name of Contributor <b>JAMAL MESLEH</b>			
Street Address <b>21207 CREEKSIDE DR.</b>	Employer/Occupation/Labor Organization* <b></b>		M D Y Amount <b>1 2 1 4 1 6 250.00</b>
City <b>STRONGSVILLE</b>	State <b>O H</b>	Zip Code <b>44136</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC <b></b>			
Full Name of Contributor <b>JEFFREY S. HASSAN</b>			
Street Address <b>4519 S. HILLS DR.</b>	Employer/Occupation/Labor Organization* <b></b>		M D Y Amount <b>1 2 1 4 1 6 250.00</b>
City <b>CLEVELAND</b>	State <b>O H</b>	Zip Code <b>44109</b>	Form(Cash,Check,etc) <b>CHECK</b>
Registration Number, if PAC <b></b>			
Full Name of Contributor <b>JAMES J. KASSOUF</b>			
Street Address <b>1055 OLD RIVER RD. # 537</b>	Employer/Occupation/Labor Organization* <b></b>		M D Y Amount <b>1 2 1 4 1 6 200.00</b>
City <b>CLEVELAND</b>	State <b>O H</b>	Zip Code <b>44113</b>	Form(Cash,Check,etc) <b>CHECK</b>

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **1,550.00**

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>FRIENTS OF ZACK REED</b>						
Full Name of Contributor <b>FADI ALI</b>		Registration Number, if PAC				
Street Address <b>4021-25 E. 131ST STREET</b>	Employer/Occupation/Labor Organization*		M <b>1   1</b>	D <b>0   3</b>	Y <b>1   6</b>	Amount <b>500.00</b>
City <b>CLEVELAND</b>	State <b>O   H</b>	Zip Code <b>44105</b>	Form(Cash,Check,etc) <b>MONEY ORD.</b>			
Full Name of Contributor <b>MATE MANSOUR</b>		Registration Number, if PAC				
Street Address <b>10622 LORAIN AVE.</b>	Employer/Occupation/Labor Organization*		M <b>1   1</b>	D <b>0   3</b>	Y <b>1   6</b>	Amount <b>200.00</b>
City <b>CLEVELAND</b>	State <b>O   H</b>	Zip Code <b>44111</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>HANADA ZADAIB</b>		Registration Number, if PAC				
Street Address <b>9911 MILES AVE.</b>	Employer/Occupation/Labor Organization*		M <b>1   1</b>	D <b>0   3</b>	Y <b>1   6</b>	Amount <b>150.00</b>
City <b>CLEVELAND</b>	State <b>O   H</b>	Zip Code <b>44105</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor <b>MIKE MUSLEH</b>		Registration Number, if PAC				
Street Address <b>14102 KINSMAN RD.</b>	Employer/Occupation/Labor Organization*		M <b>1   1</b>	D <b>0   3</b>	Y <b>1   6</b>	Amount <b>250.00</b>
City <b>CLEVELAND</b>	State <b>O   H</b>	Zip Code <b>44120</b>	Form(Cash,Check,etc) <b>MONEY ORD.</b>			
Full Name of Contributor <b>GERALD ZAHLER</b>		Registration Number, if PAC				
Street Address <b>28601 CHAGRIN BLVD.</b>	Employer/Occupation/Labor Organization*		M <b>1   1</b>	D <b>0   3</b>	Y <b>1   6</b>	Amount <b>150.00</b>
City <b>BEACHWOOD</b>	State <b>O   H</b>	Zip Code <b>44122</b>	Form(Cash,Check,etc) <b>CHECK</b>			
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **1,250.00**

## Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENTS OF ZACK REED</b>			
Full Name <b>VERIZON WIRELESS</b>			
Address <b>4926 DRESSLER RD. NW</b>		Type* <b>R   E</b>	Registration Number, if PAC <b>0 6 2 0 1 6</b>
City <b>CANTON</b>		State <b>O   H</b>	Amount <b>0.39</b>
Form(Cash, Check, etc) <b>CREDIT</b>			
Full Name <b>THE WESTIN NEW YORK GRAND CENTRAL</b>			
Address <b>212 E. 42ND ST</b>		Type* <b>R   E</b>	Registration Number, if PAC <b>0 6 2 0 1 6</b>
City <b>NEW YORK</b>		State <b>N   Y</b>	Amount <b>976.83</b>
Form(Cash, Check, etc) <b>CREDIT</b>			
Full Name <b>UNITED AIRLINES, INC.</b>			
Address <b>P.O. BOX 06649</b>		Type* <b>R   E</b>	Registration Number, if PAC <b>0 8 0 8 1 6</b>
City <b>CHICAGO</b>		State <b>I   L</b>	Amount <b>323.70</b>
Form(Cash, Check, etc) <b>CREDIT</b>			
Full Name			
Address		Type* <b> </b>	Registration Number, if PAC <b> </b>
City		State <b> </b>	Amount <b> </b>
Form(Cash, Check, etc) <b> </b>			
Full Name			
Address		Type* <b> </b>	Registration Number, if PAC <b> </b>
City		State <b> </b>	Amount <b> </b>
Form(Cash, Check, etc) <b> </b>			
Full Name			
Address		Type* <b> </b>	Registration Number, if PAC <b> </b>
City		State <b> </b>	Amount <b> </b>
Form(Cash, Check, etc) <b> </b>			
Full Name			
Address		Type* <b> </b>	Registration Number, if PAC <b> </b>
City		State <b> </b>	Amount <b> </b>
Form(Cash, Check, etc) <b> </b>			

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1,300.92

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full			
FRIENDS OF ZACK REED			
To Whom Paid YELLOW CAB		M D Y	Amount
1200 MISSISSIPPI ST	CAB FARE	0 1 0 4 1 6	18.90
City SAN FRANCISCO	State C A	Zip Code 94107	Check Number DEBIT
To Whom Paid YELLOW CAB		M D Y	Amount
1200 MISSISSIPPI ST	CAB FARE	0 1 0 4 1 6	18.90
City SAN FRANCISCO	State C A	Zip Code 94107	Check Number DEBIT
To Whom Paid UNITED AIRLINES, INC.		M D Y	Amount
P.O. BOX 06649	AIR FARES	0 1 0 7 1 6	25.00
City CHICAGO	State I L	Zip Code 60606	Check Number DEBIT
To Whom Paid AMOS Z. MAHSUA COMPANY INC.		M D Y	Amount
P.O. BOX 06649	ACCOUNTING SERVICE	0 1 1 5 1 6	1,000.00
City CLEVELAND	State O H	Zip Code 44114	Check Number 1159
To Whom Paid UNITED AIRLINES, INC.		M D Y	Amount
P.O. BOX 06649	AIR FARES	0 1 2 0 1 6	11.99
City CHICAGO	State I L	Zip Code 60606	Check Number DEBIT
To Whom Paid UNITED AIRLINES, INC.		M D Y	Amount
P.O. BOX 06649	AIR FARES	0 1 2 6 1 6	264.20
City CHICAGO	State I L	Zip Code 60606	Check Number DEBIT
To Whom Paid HOTWIRE		M D Y	Amount
655 MONTGOMERY ST. #6000	LODGING	0 0 2 8 1 6	330.48
City SAN FRANCISCO	State C A	Zip Code 94111	Check Number DEBIT
To Whom Paid VERIZON WIRELESS		M D Y	Amount
Address 4926 DRESSLER RD NW	Purpose CELL PHONE	0 2 1 3 1 6	177.19
City CANTON	State O H	Zip Code 44718	Check Number 1161

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full			
FRIENDS OF ZACK REED			
To Whom Paid USPS		M D Y	Amount 49.00
Address 2400 ORANGE AVENUE		Purpose POSTAGE STAMPS	
City CLEVELAND	State O H	Zip Code 44109	Check Number 1162
To Whom Paid UNITED AIRLINES, INC.		M D Y	Amount 25.00
Address P.O. BOX 06649		Purpose AIR FARES	
City CHICAGO	State I L	Zip Code 60606	Check Number DEBIT
To Whom Paid NYC AIRPORTER		M D Y	Amount 14.00
Address 140 E. 41ST ST		Purpose CAB FARE	
City NEW YORK	State N Y	Zip Code 10168	Check Number DEBIT
To Whom Paid NYC TAXI		M D Y	Amount 12.30
Address 21-03 44TH AVENUE		Purpose CAB FARE	
City LONG ISLAND CITY	State N Y	Zip Code 11101	Check Number DEBIT
To Whom Paid NYC TAXI		M D Y	Amount 9.80
Address 21-03 44TH AVENUE		Purpose CAB FARE	
City LONG ISLAND CITY	State N Y	Zip Code 11101	Check Number DEBIT
To Whom Paid NYC AIRPORTER		M D Y	Amount 14.00
Address 140 E. 41ST ST		Purpose CAB FARE	
City NEW YORK	State N Y	Zip Code 10168	Check Number DEBIT
To Whom Paid UNITED AIRLINES, INC.		M D Y	Amount 25.00
Address P.O. BOX 06649		Purpose AIR FARES	
City CHICAGO	State I L	Zip Code 60606	Check Number DEBIT
To Whom Paid JIM BURGE FOR JUDGE		M D Y	Amount 100.00
Address 225 COURT ST..		Purpose CONTRIBUTION	
City ELYRIA	State O H	Zip Code 44035	Check Number 1163

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
FRIENDS OF ZACK REED				
To Whom Paid VERIZON WIRELSS		M 0 3	D 0 3	Y 1 6 Amount 216.25
Address 4926 DRESSLER RD. NW	Purpose CELL PHONE			
City CANTON	State O   H	Zip Code 44718	Check Number 1165	
To Whom Paid UNITED AIRLINES, INC.		M 0 3	D 3 1	Y 1 6 Amount 8.99
Address P.O. BOX 06649	Purpose AIR FARES			
City CHICAGO	State I   L	Zip Code 60606	Check Number DEBIT	
To Whom Paid UNITED AIRLINES, INC.		M 0 3	D 3 1	Y 1 6 Amount 8.99
Address P.O. BOX 06649	Purpose AIR FARES			
City CHICAGO	State I   L	Zip Code 60606	Check Number DEBIT	
To Whom Paid UNITED AIRLINES, INC.		M 0 4	D 0 6	Y 1 6 Amount 286.20
Address P.O. BOX 06649	Purpose AIR FARES			
City CHICAGO	State I   L	Zip Code 60606	Check Number DEBIT	
To Whom Paid HOTWIRE		M 0 4	D 0 6	Y 1 6 Amount 715.17
Address 655 MONTGOMERY ST. #6000	Purpose LODGING			
City SAN FRANCISCO	State C   A	Zip Code 94111	Check Number DEBIT	
To Whom Paid VERIZON WIRELSS		M 0 4	D 0 9	Y 1 6 Amount 175.43
Address 4926 DRESSLER RD. NW	Purpose CELL PHONE			
City CANTON	State O   H	Zip Code 44718	Check Number 1166	
To Whom Paid UNITED AIRLINES, INC.		M 0 5	D 0 5	Y 1 6 Amount 25.00
Address P.O. BOX 06649	Purpose AIR FARES			
City CHICAGO	State I   L	Zip Code 60606	Check Number 1167	
To Whom Paid NYC AIRPORTER		M 0 5	D 0 5	Y 1 6 Amount 26.00
Address 140 E. 41ST ST.	Purpose CAB FARE			
City NEW YORK	State N   Y	Zip Code 10168	Check Number DEBIT	

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full			
FRIENDS OF ZACK REED			
To Whom Paid NYC TAXI		M D Y 0 5 0 5 1 6	Amount 11.30
Address 21-03 44TH AVENUE	Purpose CAB FARE		
City LONG ISLAND CITY	State N   Y	Zip Code 11101	Check Number DEBIT
To Whom Paid NYC TAXI		M D Y 0 5 0 5 1 6	Amount 9.30
Address 21-03 44TH AVENUE	Purpose CAB FARE		
City LONG ISLAND CITY	State N   Y	Zip Code 11101	Check Number DEBIT
To Whom Paid NYC TAXI		M D Y 0 5 0 6 1 6	Amount 14.80
Address 21-03 44TH AVENUE	Purpose CAB FARE		
City LONG ISLAND CITY	State N   Y	Zip Code 11101	Check Number DEBIT
To Whom Paid AWSOME TAXI MANAGEMENT		M D Y 0 5 0 6 1 6	Amount 10.30
Address 330 BUTLER ST.,	Purpose CAB FARE		
City BROOKLYN	State N   Y	Zip Code 11217	Check Number DEBIT
To Whom Paid MTA NORTH		M D Y 0 5 0 6 1 6	Amount 15.50
Address 2 BROADWAY	Purpose CAB FARE		
City NEW YORK	State N   Y	Zip Code 10004	Check Number DEBIT
To Whom Paid UNITED AIRLINES, INC.		M D Y 0 5 0 9 1 6	Amount 25.00
Address P.O. BOX 06649	Purpose AIR FARES		
City CHICAGO	State I   L	Zip Code 60606	Check Number DEBIT
To Whom Paid VERIZON WIRELESS		M D Y 0 5 0 9 1 6	Amount 203.47
Address 420 LEXINGTON AVE.	Purpose CELL PHONE		
City NEW YORK	State N   Y	Zip Code 10170	Check Number 1167
To Whom Paid OHIO ETHICS COMMISSION		M D Y 0 5 1 8 1 6	Amount 35.00
Address 30 W. SPRING ST.	Purpose FEES		
City COLUMBUS	State O   H	Zip Code 43215	Check Number DEBIT

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				
FRIENDS OF ZACK REED				
To Whom Paid <b>VERIZON WIRELESS</b>	Purpose <b>CELL PHONE</b>	M 0 5	D 2 7	Y 1 6
Address <b>4926 DRESSLER RD., NW</b>	State <b>O   H</b>	Zip Code <b>44718</b>	Check Number <b>1160</b>	Amount <b>193.53</b>
To Whom Paid <b>HOTWIRE</b>	Purpose <b>LODGING</b>	M 0 6	D 0 3	Y 1 6
Address <b>655 MONTGOMERY ST #600</b>	State <b>C   A</b>	Zip Code <b>1</b>	Check Number <b>DEBIT</b>	Amount <b>769.65</b>
To Whom Paid <b>THE WESTIN NEW YORK GRAND CENTRAL</b>	Purpose <b>LODGING</b>	M 0 6	D 1 0	Y 1 6
Address <b>212 E. 42ND ST</b>	State <b>N   Y</b>	Zip Code <b>10017</b>	Check Number <b>DEBIT</b>	Amount <b>976.83</b>
To Whom Paid <b>NYC TAXI</b>	Purpose <b>CAB FARE</b>	M 0 6	D 1 3	Y 1 6
Address <b>21-03 44TH AVENUE</b>	State <b>N   Y</b>	Zip Code <b>11101</b>	Check Number <b>DEBIT</b>	Amount <b>13.80</b>
To Whom Paid <b>NYC TAXI</b>	Purpose <b>CAB FARE</b>	M 0 6	D 1 3	Y 1 6
Address <b>21-03 44TH AVENUE</b>	State <b>N   Y</b>	Zip Code <b>11101</b>	Check Number <b>DEBIT</b>	Amount <b>8.80</b>
To Whom Paid <b>THE WESTIN NEW YORK GRAND CENTRAL</b>	Purpose <b>LODGING</b>	M 0 6	D 1 3	Y 1 6
Address <b>212 E. 42ND ST</b>	State <b>N   Y</b>	Zip Code <b>10017</b>	Check Number <b>DEBIT</b>	Amount <b>14.95</b>
To Whom Paid <b>OHIO DEMOCRATIC PARTY</b>	Purpose <b>CONTRIBUTION</b>	M 0 6	D 1 7	Y 1 6
Address <b>340 EAST FULTON STREET</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Check Number <b>1164</b>	Amount <b>100.00</b>
To Whom Paid <b>SMITH LIMOUSINE</b>	Purpose <b>TRANSPORTATION SERVICE</b>	M 0 7	D 0 1	Y 1 6
Address <b>3800 EAST 151ST</b>	State <b>O   H</b>	Zip Code <b>44125</b>	Check Number <b>1168</b>	Amount <b>95.00</b>

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF ZACK REED</b>			
To Whom Paid <b>ANTHONY HAIRSTON</b>	M 0 7	D 1 9	Y 1 6
Address 2079 E. 9TH ST	Purpose <b>CONTRIBUTION</b>	Amount 100.00	
City <b>CLEVELAND</b>	State O   H	Zip Code 44115	Check Number 1169
To Whom Paid <b>KARAMU THEATRE</b>	M 0 7	D 2 3	Y 1 6
Address 2355 E. 89TH ST.	Purpose <b>DONATION/SUBSCRIPTION</b>	Amount 150.00	
City <b>CLEVELAND</b>	State O   H	Zip Code 44106	Check Number 1171
To Whom Paid <b>VERIZON WIRELESS</b>	M 0 7	D 1 7	Y 1 6
Address 4926 DRESSLER RD. NW	Purpose <b>CELL PHONE</b>	Amount 171.22	
City <b>CANTON</b>	State O   H	Zip Code 44718	Check Number 1170
To Whom Paid <b>VERIZON WIRELESS</b>	M 0 8	D 0 1	Y 1 6
Address 27460 CHAGRIN BLVD	Purpose <b>CELL PHONE</b>	Amount 184.47	
City <b>BEACHWOOD</b>	State O   H	Zip Code 44122	Check Number 1172
To Whom Paid <b>JULIA DE DURGOS</b>	M 0 8	D 0 5	Y 1 6
Address 3800 BRIDGE AVE.,	Purpose <b>CONTRIBUTION</b>	Amount 75.00	
City <b>CLEVELAND</b>	State O   H	Zip Code 44113	Check Number 1173
To Whom Paid <b>UNITED AIRLINES, INC.</b>	M 0 9	D 0 8	Y 1 6
Address P.O. BOX 06649	Purpose <b>AIR FARES</b>	Amount 323.70	
City <b>CHICAGO</b>	State I   L	Zip Code 60606	Check Number DEBIT
To Whom Paid <b>HOTELS FOR EVERYONE</b>	M 0 8	D 1 6	Y 1 6
Address 5277 MANHATTEN CIRCLE #250	Purpose <b>LODGING</b>	Amount 445.38	
City <b>BOULDER</b>	State C   O	Zip Code 44133	Check Number DEBIT
To Whom Paid <b>UNITED AIRLINES, INC.</b>	M 0 8	D 2 5	Y 1 6
Address P.O. BOX 06649	Purpose <b>AIR FARES</b>	Amount 489.70	
City <b>CHICAGO</b>	State I   L	Zip Code 60606	Check Number DEBIT

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF ZACK REED</b>			
To Whom Paid <b>DC TAXI</b>	M 0   8	D 2   9	Y 1   6
Address <b>1636 BLADENSBURG RD NE</b>	Purpose <b>CAB FARE</b>		
City <b>WASHINGTON</b>	State D   C	Zip Code 20002	Check Number <b>DEBIT</b>
To Whom Paid <b>DC VIP CAB</b>	M 0   8	D 2   9	Y 1   6
Address <b>1636 BLADENSBURG RD NE</b>	Purpose <b>CAB FARE</b>		
City <b>WASHINGTON</b>	State D   C	Zip Code 20002	Check Number <b>DEBIT</b>
To Whom Paid <b>HYATT REGENCY WASHINGTON ON CAPITAL HILL</b>	M 0   8	D 2   9	Y 1   6
Address <b>400 NEW JERSEY AVE NW</b>	Purpose <b>MEALS</b>		
City <b>WASHINGTON</b>	State D   C	Zip Code 20001	Check Number <b>DEBIT</b>
To Whom Paid <b>VERIZON WIRELESS</b>	M 0   8	D 2   8	Y 1   6
Address <b>4926 DRESSLER RD NW</b>	Purpose <b>CELL PHONE</b>		
City <b>CANTON</b>	State O   H	Zip Code 44718	Check Number <b>1174</b>
To Whom Paid <b>BRIAN TRAFIS</b>	M 0   8	D 2   9	Y 1   6
Address <b>10234 NORTH RED OAK</b>	Purpose <b>WEB SITE</b>		
City <b>NORTH ROYALTON</b>	State O   H	Zip Code 44133	Check Number <b>1176</b>
To Whom Paid <b>KEYBANK</b>	M 0   8	D 3   1	Y 1   6
Address <b>P.O. BOX 93885</b>	Purpose <b>ANNUAL FEE</b>		
City <b>CLEVELAND</b>	State O   H	Zip Code 44101	Check Number <b>DEBIT</b>
To Whom Paid <b>UNITED AIRLINES, INC.</b>	M 0   9	D 0   7	Y 1   6
Address <b>P.O. BOX 06649</b>	Purpose <b>AIR FARES</b>		
City <b>CHICAGO</b>	I L	Zip Code 60606	Check Number <b>DEBIT</b>
To Whom Paid <b>YELLOW CAB CO-OP</b>	M 0   9	D 1   2	Y 1   6
Address <b>1200 MISSISSIPPI STREET</b>	Purpose <b>CAB FARE</b>		
City <b>SAN FRANCISCO</b>	State C   A	Zip Code 94107	Check Number <b>DEBIT</b>

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full				Amount
FRIENDS OF ZACK REED				
To Whom Paid		M   D   Y		
UNITED AIRLINES, INC.		0   9   2   1   6		25.00
Address	Purpose			
P.O. BOX06649	CAB FARE			
City	State	Zip Code	Check Number	
CHICAGO	I   L	60606	DEBIT	
To Whom Paid		M   D   Y		
VERIZON WIRELESS		0   9   2   4   1   6		187.66
Address	Purpose			
6712 ROCKSIDE RD	CELL PHONE			
City	State	Zip Code	Check Number	
INDEPENDENCE	O   H	44131	1177	
To Whom Paid		M   D   Y		
JOHN ZOGBY STRATEGIES		1   0   0   7   1   6		2,500.00
Address	Purpose			
10 OAKWOOD DR.	CAMPAIGN CONSULTANT			
City	State	Zip Code	Check Number	
NEW HARTFORD	N   Y	13413	1175	
To Whom Paid		M   D   Y		
VERIZON WIRELESS		1   0   2   9   1   6		187.62
Address	Purpose			
4926 DRESSLER RD NW	CELL PHONE			
City	State	Zip Code	Check Number	
CANTON	O   H	44718	1180	
To Whom Paid		M   D   Y		
WALMART		1   1   2   2   1   6		52.38
Address	Purpose			
1868 WARRENSVILLE CENTER RD	ENVELOPES & LABELS			
City	State	Zip Code	Check Number	
SOUTH EUCLID	O   H	44121	1181	
To Whom Paid		M   D   Y		
VERIZON WIRELESS		1   1   2   6   1   6		187.62
Address	Purpose			
6035 DURAND AVE	CELL PHONE			
City	State	Zip Code	Check Number	
MOUNT PLEASANT	W   I	53406	1182	
To Whom Paid		M   D   Y		
USPS		1   1   2   8   1   6		155.10
Address	Purpose			
2400 ORANGE AVE.	POSTAGE			
City	State	Zip Code	Check Number	
CLEVELAND	O   H	44115	1183	
To Whom Paid		M   D   Y		
TAZA LEBANESE GRILL DOWNTOWN		1   1   2   1   1   6		627.93
Address	Purpose			
1400 W 6TH ST	FOOD FOR MEETING			
City	State	Zip Code	Check Number	
CLEVELAND	O   H	44113	DEBIT	

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS OF ZACK REED</b>			
To Whom Paid <b>THE WESTIN CLEVELAND DOWNTOWN</b>		M <b>1</b>   D <b>2</b>   Y <b>0</b>   Amount <b>115.34</b>	
Address <b>777 ST. CLAIR AVENUE, NE</b>	Purpose <b>LODGING</b>		
City <b>CLEVELAND</b>	State <b>O   H</b>	Zip Code <b>44114</b>	Check Number <b>DEBIT</b>
To Whom Paid <b>SEE EXPENDITURES FROM FORM 31-F</b>		M <b>1</b>   D <b>0</b>   Y <b>2</b>   Amount <b>152.88</b>	
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid <b>PAYPAL</b>		M <b>1</b>   D <b>0</b>   Y <b>1</b>   Amount <b>29.30</b>	
Address <b>2211 N. 1ST ST</b>	Purpose <b>TRANSACTION FEE</b>		
City <b>SAN JOSE</b>	State <b>C   A</b>	Zip Code <b>95131</b>	Check Number <b>DEBIT</b>
To Whom Paid <b>PAYPAL</b>		M <b>1</b>   D <b>2</b>   Y <b>3</b>   Amount <b>43.80</b>	
Address <b>2211 N. 1ST ST</b>	Purpose <b>TRANSACTION FEE</b>		
City <b>SAN JOSE</b>	State <b>C   A</b>	Zip Code <b>95131</b>	Check Number <b>DEBIT</b>
To Whom Paid		M   D   Y   Amount	
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid		M   D   Y   Amount	
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid		M   D   Y   Amount	
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid		M   D   Y   Amount	
Address	Purpose		
City	State	Zip Code	Check Number

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				
FRIENDS OF ZACK REED				
To Whom Paid <b>WALMART</b>			M    D    Y	Amount <b>21.28</b>
M   0   9   2   5   1   6	D   9   2   7   1   6	Y   9   2   7   1   6		
Address <b>1868 WARRENSVILLE CENTER RD</b>		Purpose <b>ENVELOPES</b>		
City <b>CLEVELAND</b>		State <b>O   H</b>	Zip Code <b>44115</b>	Check Number <b>1178</b>
To Whom Paid <b>USPS</b>			M    D    Y	Amount <b>131.60</b>
M   0   9   2   7   1   6	D   9   2   7   1   6	Y   9   2   7   1   6		
Address <b>2400 ORANGE AVE.</b>		Purpose <b>POSTAGE</b>		
City <b>CLEVELAND</b>		State <b>O   H</b>	Zip Code <b>44115</b>	Check Number <b>1179</b>
To Whom Paid			M    D    Y	Amount
M   0   9   2   7   1   6	D   9   2   7   1   6	Y   9   2   7   1   6		
Address		Purpose		
City		State	Zip Code	Check Number
To Whom Paid			M    D    Y	Amount
M   0   9   2   7   1   6	D   9   2   7   1   6	Y   9   2   7   1   6		
Address		Purpose		
City		State	Zip Code	Check Number
To Whom Paid			M    D    Y	Amount
M   0   9   2   7   1   6	D   9   2   7   1   6	Y   9   2   7   1   6		
Address		Purpose		
City		State	Zip Code	Check Number
To Whom Paid			M    D    Y	Amount
M   0   9   2   7   1   6	D   9   2   7   1   6	Y   9   2   7   1   6		
Address		Purpose		
City		State	Zip Code	Check Number
To Whom Paid			M    D    Y	Amount
M   0   9   2   7   1   6	D   9   2   7   1   6	Y   9   2   7   1   6		
Address		Purpose		
City		State	Zip Code	Check Number

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee							
<b>FRIENDS OF ZACK REED</b>							
To Whom Owed					Prior Amount	Amt. Incurred this Period	
<b>ZACK REED</b>					<b>142.00</b>		
Address					Item or Purpose for Debt	Outstanding Balance	
<b>3734 EAST 149TH STREET</b>					<b>tab, fare, postage</b>	<b>142.00</b>	
City		State	Zip Code		Payments Made This Period		
<b>CLEVELAND</b>		<b>O H</b>	<b>44120</b>		Date	Amount	\$
Date Debt was originally incurred		M	D	Y	M	D	Y
		0	5	1	8	0	8
Registration Number, if PAC					M	D	Y
					M	D	Y
To Whom Owed					Prior Amount	Amt. Incurred this Period	
Address					Item or Purpose for Debt	Outstanding Balance	
City		State	Zip Code		Payments Made This Period		
					Date	Amount	\$
Date Debt was originally incurred		M	D	Y	M	D	Y
Registration Number, if PAC					M	D	Y
					M	D	Y
To Whom Owed					Prior Amount	Amt. Incurred this Period	
Address					Item or Purpose for Debt	Outstanding Balance	
City		State	Zip Code		Payments Made This Period		
					Date	Amount	\$
Date Debt was originally incurred		M	D	Y	M	D	Y
Registration Number, if PAC					M	D	Y
					M	D	Y

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 142.00 (also record on cover page)